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LECTURES.

CLINICAL LECTURE DELIVERED AT BELLEVUE HOSPITAL,
NEW YORK.¹

BY PROF. AUSTIN FLINT, SR.

Probable Aneurism of the Abdominal Aorta. — GENTLEMEN: The patient before you, whose name is Charles H., is forty-nine years of age. The family history is good, and he has never had syphilis, but has suffered from malarial trouble. He has been accustomed to hard work, and says that he has repeatedly strained himself in his labor. About ten months ago, while working as fireman in an engine-room, he became greatly overheated, and then went out into the cool air; as a result of this he got a lame back. Since then he has never been well, and six months ago his sufferings became so great that he was obliged to give up work. The principal difficulty was pain in the back, and he found that the more quiet he kept the less severe this was. He suffered most when stooping over. At length, as he did not seem to be getting any better, he concluded to come to the hospital, and was admitted here just two months since. Since his admission the pain has become considerably better, and he is now able to lie down, which before he could not do without the greatest discomfort. The pulse is 84 and the temperature normal, while the examination of the urine also gives a negative result. He has had some cough, which, however, is not significant, and complains of sharp pain at times in the groin in addition to that in the back. No cardiac murmur can be detected, but on making an examination of the abdomen we find that, while there is no tumor present, there is a pretty strong pulsation in the umbilical region, about seven and a half inches below the ensiform cartilage, and that this is accompanied by a systolic murmur. When I place the stethoscope over this point, most of you, I think, can distinguish the pulsation by the movement of the instrument, but such a phenomenon in this locality, I would have you understand, is by no means uncommon, and by itself is not at all significant.

It has been a question ever since this patient's admission whether he were suffering from aneurism of the abdominal aorta, or not, and it

¹ Reported for the JOURNAL.

would be a matter of satisfaction if we were now able to arrive at some definite conclusion in regard to the case. One of the principal points in favor of the diagnosis of aneurism is the locality and nature of the pain from which the patient has so long been suffering, and yet even this is not strictly characteristic of that condition. In a patient over forty-eight years of age the steady persistence of a localized pain in the back for a considerable period of time should always suggest the possibility, at least, of the presence of aortic aneurism, and especially if this pain is of a gnawing character. Here I learn that the pain was at first always in the same spot, which was quite circumscribed in area, but that more recently it has radiated more widely, and has also seemed to shift its position somewhat. In addition, we find that it is now considerably less severe than it was formerly, and on the whole, therefore, we are driven to acknowledge that we cannot make much out of this pain that is diagnostic.

Of the other physical signs belonging to aneurism (but, as previously mentioned, by no means confined to that condition alone) we have a distinct epigastric pulsation, which is not only evident to the touch, but also visible. It is stated in the notes which have been taken of the case that, in addition, there is a thrill at the point of pulsation, but I must confess that, personally, I have not as yet been able to make this out. If there were a tumor in this locality, the diagnosis would probably lie between the following three things, aneurism, cancer, or enlarged left lobe of the liver; but in the present instance no tumor whatever can be detected. If there were a tumor present, there might be a strong pulsation, whether the condition were aneurism or cancer, and in order to make the differential diagnosis, therefore, something further would be necessary. If, then, on examination, we found that the pulsation was lateral as well as forward, it would point strongly to aneurism, since this is not the case with cancerous and other tumors. In certain cases of abdominal tumors, also, we are able to grasp the mass and raise it to some extent, when it will be found that the impulse before noted is lost on account of its separation from the aorta. This of course shows definitely that the tumor cannot be an aneurism.

So much for the palpation of tumors in this region. When we come to practice auscultation over them we not infrequently find that there is a loud systolic murmur in cases where, from other signs, we are able entirely to exclude aneurism. Still further, we sometimes actually get a *double* murmur in tumors lying in contact with the aorta, which are not aneurismal in character. This, I believe, is an original observation of my own, and the point has now been fully established by repeated observations. Formerly I used to suppose, in accordance with the teaching of all existing authorities, that the presence of a double murmur in such an abdominal tumor was absolutely diagnostic of aneurism,

but on more than one occasion I have seen it demonstrated beyond question that this was not always the case. Still, it may be stated that, as a general rule, a double murmur is to be regarded as evidence of aneurism. Now, in the case at present under investigation, although no tumor can be detected, we find that there is a double murmur at the seat of the epigastric pulsation. When we listen carefully at this point we get a pretty loud systolic murmur, and, in addition, a somewhat less distinct diastolic one.

On sifting the evidence in favor of aneurism here, therefore, it is found that the only points really in favor of aneurism are two: first, the pain present, and, second, the double murmur. As to the epigastric impulse, it affords no evidence of this condition; and yet I am sometimes called in consultation to see cases where aneurism is supposed to exist simply because there is this abdominal pulsation. It is, indeed, of very common occurrence, and especially among females. In abdominal aneurism the pain depends on pressure upon the spinal column and nerves, and in the present instance, as has been remarked, it is certainly not as significant as it might be. The double murmur, when it exists, is due, first, to the blood rushing into the aneurismal cavity (the systolic murmur) and, second, the recoil, which gives rise to the diastolic. The second sound is not produced until the sac has attained some size. If there were a tumor here I should not attach as great importance to the presence of a double murmur (for the reason, above stated, that double murmurs are occasionally found in tumors not aneurismal) as I now feel inclined to do; and I believe, therefore, that the diagnosis in this case must hinge to a considerable extent on the question whether it is possible to have a double arterial murmur without aneurism, and also without the presence of a tumor. This question I am not prepared to answer definitely at present, since, while I do not remember ever to have met with a case of double murmur under such circumstances as those just mentioned, I do not feel justified in denying the possibility that it might occur. I think, then, that we must rest content to leave this case as yet *sub judice*, and in the mean while continue to treat the patient for aneurism, as has been done ever since his admission. He has been, and is at present, taking the iodide of potassium, which has now come to be recognized as the remedy for aneurism. As to how it acts in this condition we can only confess our ignorance, but the fact still remains that in certain instances of the affection the results produced by it have been most remarkable.

Heart Failure in a Case of Ascites and Pleuritic Effusion promptly relieved by the Intravenous Injection of Ammonia. — The next case that I have to show you is one that most of you will, no doubt, remember as having been before the class last week. I will not read the history over again, but will simply remind you that the patient had had

hydroperitonæum, for which she had been tapped soon after her admission to the hospital (which occurred three days before), and that the pleural cavity of the right lung was still filled with liquid at the time you saw her. A week ago I dwelt upon the connection, as a general rule, of hydroperitonæum with cirrhosis of the liver, but stated that although in the majority of instances it was found that the latter stood in a causative relation to the former, there was no evidence to cause us to believe that this patient had been addicted to the use of alcohol. As this is the accepted cause of cirrhosis of the liver, we therefore concluded that the present was one of those comparatively rare cases in which hydroperitonæum existed without cirrhosis. A considerable amount of fluid had been removed by the tapping, and the patient, you will remember, was weak and quite nervous.

The subsequent history of the case has proved a most interesting one, and it is on that account that I have now brought it to your attention again. On the day that you last saw her the patient began to suffer very greatly from nausea, without being able to vomit much, and the ineffectual efforts which she made towards emesis caused her much distress. She was ordered a half ounce of whisky every three hours, but in spite of this did not seem to gain any strength, although she did not suffer much from dyspnœa. The following day she was still found to be very weak, but with no marked dyspnœa, and it was also now noted that she was quite apathetic, so that she had to be persuaded to take her nourishment and stimulus. On the day after that the house physician was hastily summoned by the nurse, on account of the extreme exhaustion of the patient. When he reached the bedside he found her almost completely unconscious, that she would continually slide down in the bed, and that she could not be aroused to take notice of anything. The eyes had a vacant stare, the pupils were dilated, the tongue was dry and brown, and the jaw had fallen, so that there seemed to be no question that she was actually moribund. Under these circumstances paracentesis thoracis was promptly resolved upon, and ninety ounces of fluid was thus withdrawn from the pleural cavity. During the operation ten or twelve half drachms of whisky were administered hypodermically; but in spite of this the pulse, which had before been very weak, disappeared altogether at the wrist, while the cardiac impulse grew so feeble that it could scarcely be felt at all. It had been hoped that when the fluid had been removed, and the lung thus allowed to expand, so that respiration might be more satisfactorily performed and the blood more readily oxygenated, the evidently failing forces of the patient would rally, but this did not prove the case. The hypodermic injection of whisky having been found to be of no service in overcoming the extreme exhaustion present, half a drachm of liquor ammoniæ, diluted with an equal quantity of water, was injected directly into a

vein of the arm, care being taken first to expose the vessel by dissecting up the skin over it, and that the needle of the syringe directly entered its lumen. The cutting of the skin did not make the slightest impression upon the patient, who was now apparently altogether unconscious, but in ten or twelve seconds after the liquor ammoniæ entered the circulation there was a marked increase in the strength of the pulsation of the heart. At the end of two minutes the pulse could again be felt at the wrist, and after two minutes more she gave a sigh, and began to rouse herself. She was soon able to take four ounces of eggnog by the mouth, and in half an hour from the time that the ammonia was administered she declared herself to be quite comfortable, and was breathing more naturally than she had done at any time since her admission. From this time on she took a considerable quantity of eggnog, which was very well borne, and by evening was still further improved in every way. During the next two days she continued to grow better, and on the third, which was the day before yesterday, she felt well enough to sit up for a time.

I have been exceedingly interested in this case, and the various features of it have been so well brought out in the history that I have just read that it seems scarcely worth while to make any remarks upon it. Still, in order that the most important points may be the more strongly fixed in your minds, perhaps it will be well for me to make a few comments upon them. Here was a patient, with a large accumulation in one of the pleural cavities (having previously had hydroperitonæum in addition), who continued to grow weaker day by day, in spite of the most persistent stimulation, until at length the house physician was called to her bedside to find her actually moribund, as indicated by her whole appearance and condition. Whatever was to be attempted for relief, therefore, must needs be done as promptly as possible. First of all it was resolved to remove the fluid from the chest, under the hope that by thus causing an expansion of the hitherto crippled lung an improvement might be brought about; but, notwithstanding the fact that all through the operation a large quantity of whisky was administered hypodermically, the patient still continued to sink, until her situation seemed as desperate as it could well be. Then it was that the measure was resorted to which I believe was undoubtedly the means of saving her life, namely, the injection of the ammonia into the circulation, especial pains being taken in order that the point of the needle of the hypodermic syringe should actually pierce the coats of the vein, but not transfix the vessel. The effect was certainly remarkable. The idea in employing the ammonia in this way was to tide over the failing system of the patient in this crisis of exhaustion until the powers of nature could rally once more from the depression which had paralyzed them, and the attempt proved eminently successful.

I confess that this practice was something altogether new to me. I

had heard of ammonia being used in this way for the neutralization of the poison of venomous serpents in persons who had been bitten by them, but I do not remember ever to have seen the record of a case in which it was employed for the same purpose, and was followed by the same admirable results, as in this instance. Here the special object of the injection was to bring the stimulating action of the ammonia to bear directly upon the failing heart, and this case certainly seems to establish beyond a doubt the utility of this remedy as a cardiac stimulant.

Since the day before yesterday, when the last note was taken, the patient has continued to improve steadily, until to-day we find her in such a condition that there seems to be scarcely any doubt of her complete restoration to health.

Hydroperitonæum and General Dropsy in a Case of Complicated Cardiac Disease, with Probable Cirrhosis of the Liver; Relief from Tapping. — The next case is also one which was presented to you last week. This woman, you will perhaps remember, was suffering from cardiac disease, and the case was remarkable for the number of murmurs that could be heard about the heart. These were as follows: an aortic direct, which was very distinct, a somewhat feeble aortic regurgitant, a mitral direct, a tricuspid regurgitant, and a venous pulmonary murmur. Yet, with the existence of all these signs, we found that there was comparatively little enlargement of the heart, and therefore there was good reason to give quite a favorable opinion of the case, unless there should be present some complication which was not then apparent. On the evening of the day when she was last before you general dropsy became developed in the patient, and it was noticed that there was a hydroperitonæum which was out of proportion to the rest of the anasarca. Consequently this gave rise to the suspicion that there might be some other cause for the dropsical trouble, and especially cirrhosis of the liver. This patient, it seems, occupied a bed in the immediate vicinity of that of the woman who has just been before you, and as she witnessed the operation of paracentesis thoracis of which you have heard an account, and the good results which seemed to her to have followed it, she was seized with a most urgent desire to be tapped.

Partly out of deference to her wishes, and partly because it was believed that the procedure would really be followed with benefit, this was done (three quarts of fluid being drawn off from the peritoneal cavity), and in consequence the patient experienced a good deal of immediate relief. Since then she has been decidedly better than before, although this good result is to be attributed to some extent, I imagine, to the venal effect of the tapping.

She is now able to sit up and to eat beefsteak, and if she should continue to be able to take sufficient alimentation, and assimilate it well, there can be little doubt she will go on to improve still further.

REMOVAL OF A HAIR PIN FROM THE FEMALE BLADDER;
OF A SHAWL PIN FROM THE TRACHEA.

BY EDWARD T. CASWELL, M. D., OF PROVIDENCE.

THE only apology I have to offer for grouping these two cases is that they both occurred in my practice within the space of a month, and were both in girls of the same age, namely, fourteen.

CASE I. I was called into the country January 11, 1879, to see M. N., who twenty-four hours previously had introduced a hair pin by its bent extremity into the urethra. It suddenly slipped from her fingers and was lost, she did not know where. She had suffered considerable pain, and the urine was tinged with blood. After etherizing her I made an examination, and readily detected the hair pin lying crosswise in the bladder. To facilitate its removal I dilated the urethra somewhat with instruments and with my little finger. After trying various forceps with no avail I determined to use a lithotrite, and as a preliminary to this I incised the meatus on either side. I hoped to be able to change the position of the pin, but in this I was disappointed. Therefore, seizing it in the middle of one side in the blades of the lithotrite, I bent it, and with considerable force succeeded in withdrawing one extremity, the rest of course easily following. No disturbance attended the operation. Her attending physician reported that for three days there was slight hæmaturia, but no incontinence, and little or no pain in micturition. She was about the house in three or four days, and in the course of the week he left her as well as usual. At no time was her pulse above 80 or her temperature above 100° F.

CASE II. Mary F. was brought into the Rhode Island Hospital February 4, 1879, with the statement that three weeks before she had swallowed a shawl pin, and that "it was in her wind pipe." She was standing with the head of the pin in her mouth, when she coughed, and the pin suddenly disappeared. She had suffered considerable pain, and was much alarmed. On auscultation, rough, coarse râles were heard over the trachea, more upon the left side than the right. On examining her with the laryngoscope I clearly saw and demonstrated to my assistants and others the shawl pin in the trachea, with its point imbedded in the lower surface of the left vocal cord. I could not, or rather did not, see the head of the pin. I at once performed tracheotomy under ether, and to my surprise on opening the trachea I could not find the pin. How it had been dislodged and had fallen down the trachea, after being, as I still suppose, firmly fixed in one place for three weeks, I cannot imagine. But such was the fact. While holding the tracheal wound open with both hands and inspecting the surface of the trachea, the pin was suddenly ejected about an inch above the wound, and as suddenly fell back. It was so instantaneous that but one other person out of a dozen by-standers saw it, and I think it could hardly have been

caught if one had been standing ready for that purpose. I examined the trachea thoroughly with forceps as far down as the bifurcation of the bronchi without detecting the pin. The girl was then held in an inverted position, and while the tracheal wound was held wide open I irritated the trachea slightly, and the pin was thrown out upon the floor. It was rusty, about two inches long, with a glass head. The girl recovered without the slightest drawback; she did not even cough, and in less than four weeks the wound was entirely healed, and she was discharged. The case proved most clearly the toleration of instrumental interference on the part of the trachea, but, what is still more surprising, it shows that the trachea tolerated the presence of a foreign body for three weeks without the slightest after-effects.

A CASE OF CHRONIC CATARRHAL PNEUMONIA.¹

BY WALTER PRENTICE BOWERS.

THE patient is a native of Boston, eighteen years old. Both parents died of consumption, at the age of forty-six years, about six months before this history was obtained, a short period only intervening between their deaths. The rest of the family, consisting of three brothers and one sister, are well, with the exception of one of the brothers, who is said to have had pleurisy, but from the statements made in regard to his case the disease is presumed to have been empyema. The patient's occupation has been that of a clerk in a provision store, and from the nature of his work he has been obliged to be out-of-doors in all kinds of weather, and has been accustomed to hard labor at times. His general health has always been excellent until about a year ago, when a series of events occurred which constitute the history in the case so far as it has any interest for us. After carrying a heavy burden, and while still at work, a tickling sensation in the throat and peculiar taste in the mouth led him to cough, which caused the expectoration of three mouthfuls of clear bright blood. A few days after, the same amount was again expectorated, under similar circumstances, both occasions being preceded by a feeling of heaviness in the left side of the chest. The blood was spoken of as being alike at both times, not coagulated, bright red, and the raising of it was facilitated by the act of coughing. Ever since these hæmorrhages a cough has been noticed, which has been more marked at times, especially on rising in the morning, becoming steadily more prominent, and accompanied by the expectoration of a yellowish-gray matter, which is most abundant in the morning, when the cough is the most severe, but it is lighter colored and more frothy later in the day. Very slight dyspnoea on exer-

¹ Read at the Clinical Conference of the third class in the Harvard Medical School, and published to illustrate a method of diagnosis.

tion, loss of flesh, strength, and ambition, complete this list of symptoms, the advent of all of them being referred to the same time, namely, at or soon after the occurrence of the hæmorrhage. The beginning of the disease dates back certainly fifteen months. Soon after the first attack advice was sought at the Massachusetts General Hospital, and ever since then the patient has been an irregular attendant at the out-patient department.

The significance of symptoms varies much, according to association and prominence, and, as in this case, some have direct bearing as indicative of the diseases which might cause them, such as cough, expectoration, hæmoptysis, and dyspnœa; others are indefinite and general in their nature, serving only as indices by which one is able to judge of the impressions made upon the general system and of the amount of injury that it has sustained. This latter class of symptoms, such as loss of flesh and strength, are important rather in reference to prognosis than to diagnosis, and therefore they will be considered later under that head.

As a whole, the symptoms unite in indicating where the trouble is seated, and it is necessary to select the most prominent one from which to make a starting-point in the consideration of the affections which might explain them all. Since cough has played the most important part in the history, in that it covers the longest time, seems to be of the most importance in the patient's mind, has steadily increased in severity up to the present time, and all the other symptoms appear to relate to the same source as a common origin, that symptom will be taken as the one from the consideration of which the most information can be gained. Cough is usually a spasmodic reflex action whereby the air is expelled forcibly from the chest with the purpose of dislodging and ejecting some irritating substance from the air-passages. According to the origin and cause, it may be considered as dry or moist cough. When dry it is indicative of simple irritation and purely reflex, as when produced through some perversion of the nervous system, such as may exist in the so-called "nervous cough," or when better evidence is apparent, as in the "sympathetic cough," occurring in connection with some irritation of the stomach, kidneys, brain, or pleuræ. But when moist in character it is rarely associated with any diseases other than those of the respiratory organs, unless the lungs suffer secondarily in their relation to other structures, as in the œdema resulting from cardiac or renal diseases. Cough of this nature always has for its object the expulsion of fluids or semi-solids which have collected in the bronchi or pulmonary structures. Hence, since the cough has been moist in character from the very first, this symptom, modified in this way, points to the pulmonary structures only as the direct cause, which in turn may depend on other organs as causative agents in producing fluid in the air-passages, to be disposed of in this way; and unless the

other symptoms may lead to the consideration of other structures, only such diseases as might cause cough of this nature will be discussed.

From the long continuance and progressive character of the disease under discussion we are led to consider only chronic affections which might cause these symptoms, for there is an absence of the signs of sufficient intensity or suddenness of onset to make acute affections probable. The diseases, then, which might give rise to this cough are bronchitis, capillary bronchitis, emphysema, asthma, bronchiectasis, abscess, gangrene, cancer, pleurisy, catarrhal pneumonia, and indirectly cardiac diseases and aneurisms. In order to add more to this list if possible, the symptoms may be examined to see if they can furnish other probable causes to explain them than exist in the list of diseases already given. Hæmoptysis seems to demand attention, for although occurring only twice, and then before the appearance of the other symptoms, yet according to the theories of some authors this is of great significance, and may be a cause of disease as well as a symptom of morbid processes. In order that the proper importance may be attached to it, it is necessary that its source be determined as well as can be at so long a period after the occurrence. Blood ejected from the mouth may come from the posterior nares, œsophagus, stomach, mouth, or air-passages, and it is probable that the latter situation was its source in this case, because of its having been bright red and the act of raising it was facilitated by coughing, and from the entire absence of indications pointing elsewhere as its possible source; for had it come from the stomach or œsophagus it would probably have been vomited or regurgitated instead of coughed up, and would very likely have been described as darker colored. The absence of symptoms pointing to inflammatory conditions about the mouth and pharynx, taken with an absence of any known cause for such a hæmorrhage and the fact that it was facilitated by coughing, together with the feeling of oppression in the chest, all tend to make it improbable that the origin of the hæmoptysis was from any other parts than the bronchi or pulmonary structures.

The sources of hæmorrhage from the air-passages may be either from the bronchial capillaries as a result of over-distention, or from hæmorrhagic infarctions into the lung substance. In this latter case the hæmoptysis would have appeared as bloody sputa raised after cough, and would scarcely have been in so large quantities unless the infarction had been of such a size as to make its presence more probable by severer symptoms, such as sudden and prominent dyspnœa and pain; also the expectoration of blood or bloody sputa would probably have lasted over a longer period of time. The hæmorrhage which comes from the bronchial capillaries usually shows itself in precisely the same way as was exhibited here, namely, by a feeling of weight in the chest, succeeded by the welling up of a few mouthfuls or less of blood, which by its irritation causes cough to aid in the ejection of the fluid. So here,

too, we have a symptom pointing to the respiratory organs as the seat of the disorder; but since the lung depends upon the circulatory system for its blood supply, all organs which might produce such a trouble must be considered. All diseases which would give rise to this symptom as manifested in this case have already been placed in the list.

Dyspnœa, as a symptom taken by itself, indicates only that there is some obstruction to the proper aeration of the blood, and may be produced either by lessening the aerating surface of the lung, by a diminished flow of blood through the lung, or by anything which would cause obstruction to the passage of air into the lung. This, then, leads to the consideration of both pulmonary and cardiac diseases, and may also imply any and every form of trouble which might interfere with the capacity of the lung to do its work. That the cause of this dyspnœa is located in other organs than the thoracic is doubtful, from the want of evidence indicating any other source and the uniformity with which all signs point in one direction. Dyspnœa, then, does not indicate any other diseases than those mentioned, and is not entitled to any great prominence. Expectoration has been considered in connection with cough, and the character of it will aid in confirming or rendering improbable some of these diseases.

(To be concluded.)

RECENT PROGRESS IN GYNÆCOLOGY.

BY W. H. BAKER, M. D.

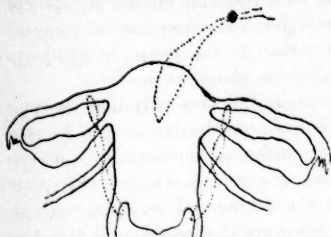
Total Extirpation of the Uterus.—By far the most practical method of entirely removing the uterus which we have seen described is that first practiced and reported by Professor Freund, of Breslau.¹ We take from the *Medical Times and Gazette* of October 19, 1878, the steps of the operation as copied from the above original report. It is considered essential that the surgeon should have previously performed the operation on the cadaver. The preparatory treatment of the patient is much the same as that for ovariectomy. At the time of the operation, the uterus having been disinfected with a ten per cent. solution of carbolic acid, the patient is placed upon the table, with the head lower than the pelvis, and directed toward the window, that an abundant light may be thrown into the deeper parts of the pelvis.

The incision having been made in the linea alba, as in ovariectomy, the intestines filling the pelvis are raised through the incision, wrapped in a soft linen cloth soaked in a solution of carbolic acid, and held during the operation. "To control the movements of the fundus uteri, a thread is passed through it and held by an assistant. The broad ligaments of either side are now ligatured in three portions." (Fig. 1.²)

¹ Volkmann's Sammlung klinischer Vorträge, No. 133, and Centralblatt für Gynäkologie, 1878, No. 12.

² For the use of the illustrations I am indebted to the courtesy of Mr. T. Spencer Wells, of London.

FIG. 1



lateral part of the vaginal cul-de-sac behind the base of the lateral ligament into Douglas's pouch."

"The uterus is then removed (Fig. 2) through the roof of the true pelvis, the incision commencing in front, two cm. above the limit of the bladder, as marked by the point of a male catheter in that viscus, and running with a bend from the lower ligatures up to the broad ligaments, and then to the back of the uterus, two or three cm. above the deepest point of the pouch of Douglas."

FIG. 2

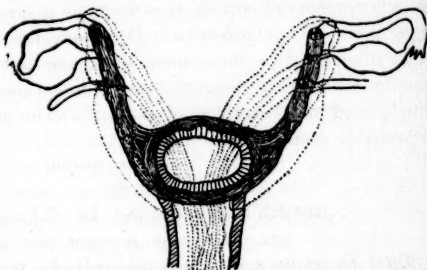
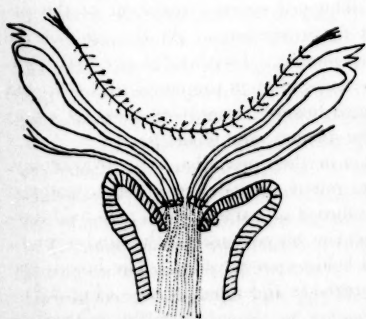


FIG. 3



"After drawing the ends of the ligatures into the vagina, the peritoneal opening is closed (Fig. 3), and the abdominal incision, after replacement of the intestines, is brought together in the usual way."

The external dressings and after-treatment are not unlike those used in ovariectomy. The operation is recommended for all cases of cancer of the neck and body of the uterus, provided the "anterior part of the vaginal cul-de-sac is completely healthy." Dr. Fränkel would advise it in cases of irrepressible

hæmorrhage due to uterine fibroids which cannot be enucleated, in preference to the removal of the ovaries.

Effect of Neurasthenia upon the Uterus and Ovaries.—We are glad to see that so much attention has been called to this subject within the past year or two by different gynæcologists both here and in Europe. The articles published ascribe various names to the lesion, but in reality attribute the local conditions found to the same cause.

A year ago we referred to an article by Dr. Graily Hewitt on Abnormal Softening of the Uterus. We have since seen another by the same author¹ on Chronic Starvation, in which the writer describes this condition of neurasthenia without using the term, and shows the manner in which some of the changes in the uterus and its ligaments are produced by the inanition necessarily following the long-continued habit of taking an insufficient amount of food.

Dr. S. Weir Mitchell long ago called attention to this fact in his most popular little book on Fat and Blood, and How to Make Them, and Dr. Goodell, enlarging upon it, made it the subject of his presidential address before the American Gynæcological Society last September. In this address he refers to the manifestations of the neurasthenia as hysteria, spinal irritation, and many reflex symptoms, prominent among which are those of a uterine character. The pathology is not considered clear, "but probably consists essentially in mal-nutrition of nerve centres, followed by disturbances in the circulation from weakened innervation. These secondary disturbances consist of local anæmias and of local hyperæmias," which we may have alternately in the same person. Thus the anæmia of the reproductive organs is exhibited by amenorrhœa or by scanty menstruation, by neuralgic and hysterical pains; the hyperæmia by congestion, by dysmenorrhœa, menorrhagia, and leucorrhœa, by uterine flexions and dislocations, etc.

In the treatment of these local conditions, we are to keep constantly in mind that they are merely the local expression of the general neurosis. The fact, however, is well recognized by the author that from some of these local disorders, established as they have been by the neurosis, we may have developed structural lesions which may require special treatment in addition to the general. Near the close of the address, Dr. Goodell expresses the belief that if proper attention were given to the treatment of the neurasthenia it would often obviate the necessity of spaying a woman for pernicious menstruation.

We should be glad to profit from his experience in regard to the changes in position, structure, and condition of the ovaries established by neurasthenia, for we are forced to believe them quite as important as those of the womb, to which his address was devoted. The general treatment recommended in these cases of neurasthenia consists essentially in nutrition, sleep, rest of body and mind, and freedom from pain.

¹ *Lancet*, January 11, 1879.

From the articles referred to, and from our own experience, the following local conditions may be named as resulting most commonly from neurasthenia: (1.) Flexions of the uterus from an abnormal softening of its structure. (2.) Versions, or perhaps prolapse, of the uterus from a relaxation of the uterine ligaments. (3.) Endocervicitis from a softened, relaxed, and hyperæmic state of the cervical mucous membrane. (4.) Prolapse of one or both ovaries from a relaxation of its own, together with the corresponding broad ligament.

The first condition we meet with most frequently in the young unmarried woman. The second in the married woman, more especially if she have borne children. The third most frequently, perhaps, in the married and sterile woman. The fourth about equally in married and single women, and usually between the ages of twenty-five and thirty-five years.

FIFTH ANNUAL MEETING OF THE AMERICAN NEUROLOGICAL ASSOCIATION.

THE sessions of the association were held this year on the afternoons and evenings of June 18th, 19th, and 20th, at Municipal Hall, Madison Avenue, New York. The president, Prof. F. T. Miles, of Baltimore, was in the chair, and there were present during the meeting Drs. Robert T. Edes and James J. Putnam, of Boston, Drs. F. T. Miles and John Van Bibber, of Baltimore, Dr. Schmidt, of New Orleans, and the following members from New York and Brooklyn: Drs. George M. Beard, William A. Hammond, Frank P. Kinnicutt, Thomas A. McBride, John J. Mason, A. D. Rockwell, E. C. Seguin, Shaw, Spitzka, and Gray. During the afternoon session of Wednesday, June 18th, a paper sent by Dr. Bannister, of Chicago, entitled *A Case of Gunshot Wound of the Neck giving Rise to Paralysis of the Cervical Sympathetic and followed by Insanity*, was read by the secretary, and discussed by Drs. Hammond, Seguin, and Spitzka; after which Dr. Putnam exhibited a new and cheap form of rheostat, and made an oral communication on the use of high and low tension batteries. In the evening Dr. Beard read a paper on *Fear as a Symptom of Nervous Disease*, which elicited a general discussion.

SECOND DAY, June 19th. The following gentlemen, having submitted papers which had received the approval of the council, were unanimously elected members of the association: Drs. William G. Morton and R. W. Andon, both of New York.

A paper by Dr. Rockwell on *The Principles which should guide Physicians in the Selection of Batteries for Use in Practice* elicited an interesting discussion on the value of the direction of currents, of polar action, etc., which was participated in by Drs. Beard, Gray, Hammond, Seguin, Morton, and Miles. The following papers were afterwards read: *A Case of Hemiplegic Contractions and Athetoid Movements*, by Dr. Spitzka; *A Case of Myelitis (?)*, with *Formation of Vacuoles in the Ganglion Cells of the Anterior*

Horns, with specimens and drawings, by Dr. Edes; and The Nervous Centres of the Alligator, illustrated by preparations and beautiful microphotographs, by Dr. Mason.

At the evening session remarks were made by Dr. Hammond in condemnation of metallo-therapy, and, on motion of Dr. Spitzka, the president was authorized to appoint a committee for the purpose of investigating the subject, which should make its report at the next meeting. Dr. Morton read the paper which he had presented as a candidate for membership, entitled *The Toxic Effects of Tea*, and this was followed by a general discussion.

THIRD DAY, June 20th. The committee on nominations reported the following names of officers, who were duly elected by ballot; President, Dr. F. T. Miles, of Baltimore; vice-president, Dr. R. T. Edes, of Boston; secretary and treasurer, Dr. E. C. Seguin, of New York; members of the council, Drs. F. P. Kinnicutt, of New York, and L. C. Gray, of Brooklyn. The following papers were then read: *The Dosage of Electricity*, by Dr. Beard; *Remarks on, and Demonstration of, the Morbid Condition of the Nervous Centres in Yellow Fever*, by Dr. Schmidt; *Hysterical Chorea*, by Dr. Gray; *A Contribution to the Study of Cerebral Localization* (paper presented as a candidate for membership), by Dr. Amidon; *A Case of Monoplegia of Leg, with Lesion of Opposite Lobus Paracentralis, with specimens*, by Dr. Miles; *A Case of Mono-Spasm of Leg, with Lesion of Superior Extremity of Opposite Ascending Parietal Convolution*, by Dr. Seguin.

At the evening session a discussion on Dr. Amidon's paper took place, and Dr. Seguin then made an oral communication on instances of singular dissociation of ideas in sexual dreams, after which the following papers were read: *A Case of Acute Myelitis: Vacuoles in Ganglion Cells of Anterior Horns*, by Dr. Seguin; *A Study of the Peduncular Tract of the Anthropoid Apes*, by Dr. Spitzka; *The Tendon-Reflex in the Insane*, by Dr. Shaw.

The association then adjourned to meet in New York on the third Wednesday in June, 1880. A full report of the proceedings will appear in Dr. Jewell's *Journal of Nervous and Mental Diseases*.

PROCEEDINGS OF THE MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.

C. E. VAUGHAN, M. D., SECRETARY.

A SPECIAL "meeting for medical improvement" was held at Natick, July 17, 1878, the vice-president, Dr. HOSMER, in the chair.

Injury of the Skull. — DR. WRIGHT, of Natick, reported the case. A girl aged eight years received a wound from a small pistol bullet near the coronal suture, two inches above and to the right of the right orbit. The bullet was divided, and two thirds entered the cavity of the skull. The pulsation of the brain was visible. The child went to the Massachusetts General Hospital, and was discharged after twenty days with the ball still beneath the bone. Seven days later, in removing a crust from the wound, after the child had been lying

upon the wounded side, the father felt and removed the bullet and a spicula of bone. Recovery good, without cerebral symptoms.

Cystic Cancer of Ovaries. — DR. M. L. BROWN, of Natick, read a paper upon this subject, which has since been published in the JOURNAL.

Sore Throat. — DR. WRIGHT recalled a paper read by him at a previous meeting upon an epidemic of sore throat, etc., of doubtful character, which excited at that time some discussion. He said that the membrane had been examined microscopically by Dr. Marcy, who states that it had all the characteristics of a diphtheritic exudation.

Paralysis of the Bladder. — DR. B. F. D. ADAMS reported the case. Mr. H., aged seventy-six, healthy, and not a hard worker, noticed last November a protrusion of the abdomen. About the middle of April he was attacked by severe pain in the renal region, lasting thirty-six hours. There was from this time insatiable thirst, occasional vomiting, progressive loss of strength. The mental operations were sluggish; hearing more impaired. Urine large in amount, clear, light amber in color, specific gravity 1004.5. Pupils equal and acting well. Tongue protruded to the left, a fact due, as it afterwards appeared, to loss of teeth on that side. Gait tottering, but step equal. The protuberance above the pubes being noticed, the catheter was used, and five pints of urine were removed, with the entire relief of the symptoms. — DR. TOWNSEND briefly reported two cases. In one the symptoms of enteric fever were strongly marked. A violent catharsis was followed by convalescence within ten days, with no diarrhœa. In the other case an attack of scarlatina was preceded by a violent cholera morbus.

The State Almshouse at Tewksbury. — DR. HORACE CHAPIN read an account of a visit to this institution. The general impression with regard to cleanliness, ventilation, care of inmates, etc., was very favorable, both in the hospital wards and elsewhere. In the hospital department he mentions two main wards, containing forty or fifty men and seventy-five women; two smaller wards, one containing half a dozen syphilitic cases, and the other a few of cancer; a lying-in ward, with twenty or thirty women; and an infants' ward with as many babies, not sick. In the insane wards there were about three hundred patients, none in close confinement. There were a few surgical cases in another ward. The beds were of iron, and the bedding was clean. Bathing facilities good, and cleanliness compulsory. Food seemed sufficient and good. The newer part is supplied with water-closets, but in the older chamber vessels are used. In some insane wards there were half a dozen common receptacles for forty or fifty patients. During the past three years, with an average of nearly nine hundred inmates, the average mortality has been about thirty-two per cent. In 1877 ninety-two foundlings were received, and eighty-two died within the year. According to the annual report, the story of the year 1876 is not very different. One half of the foundlings die within two weeks, and scarcely one in twenty is alive at the end of two months. The causes assigned at the institution for this mortality are as follows: (1) hereditary disease, (2) exposure before entrance, (3) foul air from overcrowding, (4) artificial feeding. This mortality exceeds that attending the system of "baby farming," which has been so often and so strongly condemned. In contrast to

this, Dr. Chapin says that a good many foundlings have been adopted into private families in Somerville with much better results, although three of the four causes named above are not eliminated. Considerable time was given to criticism of the system of large hospitals. He proceeded to show from statistics of capital operations, especially ovariectomy, and also of disease, that the best results have been obtained in the smaller institutions. — In the discussion which followed, DR. Z. B. ADAMS spoke of the institution at Deer Island. At the time when he was familiar with it, with the same class of inmates, including foundlings, there was no such mortality as that attributed to Tewksbury. He would suspect the drainage or water supply. — DR. TOWNSEND said that many of the foundling children are illegitimate, and that the mothers have tried to destroy them even before birth. — In a discussion of the merits of small institutions, DR. VAUGHAN gave a brief history of a home in Cambridge containing from fifteen to eighteen children. In five years past there have been no cases of cholera infantum, few of diarrhoea, and few of serious character of any kind.

OCTOBER 8, 1878. SEMI-ANNUAL MEETING. *Rubber Bandages.* — DR. E. EMERSON, of Concord, read a brief summary of cases illustrating some uses of the rubber bandage suggested by Dr. Martin, of Roxbury.

I. Disease of knee and elbow of two years' standing, with incipient hip disease. J. W., aged eleven, of class called scrofulous, very anæmic, and hyperæsthetic. Various kinds of fixed apparatus had contributed much to his comfort, until the skin took on an unhealthy action. Small pustules formed, and burrowing under the thick epidermis caused large ulcers, which must be dressed through fenestræ. The fixed apparatus was necessarily given up. Suspension in N. R. Smith's splint was tried, but the ulcers, of which there were about forty, did not heal. The rubber bandage was applied from toe to groin, and changed every second day, the suspension being continued. The effect at once was to remove the thick scales; the edges of the ulcers became more pliable, and the excavations began to fill with healthy granulations. In six weeks the skin was in a fairly healthy state. The effect upon the joints, although only palliative, confirms Dr. Martin's statements. The general nutrition of the limb seemed to improve, and the eight bandage gave the joints much rest.

II. Multiple arthritis deformans of fourteen years' standing. J. M., aged thirty-four, had been bedridden one year. The bandage relieved the pains, but brought out a crop of itching pimples, which caused its discontinuance for a few days.

III. Mrs. H. Same disease, of several years' duration. Nearly all the joints affected. A light rubber bandage gave great relief, although the disease progressed slowly.

IV. Mrs. F., aged eighty. Much relief to severe rheumatic pains in wrist and elbow.

V. Fracture of radius, etc., in anæmic subject, with valvular disease of the heart. Extensive phlegmonous inflammation ensued in hand, requiring many

deep incisions. The sinuses healed with great difficulty until the bandage was used.

VI. A severe bruise of forehead and eye in a boy of eight. A smooth piece of lead foil was confined with a broad rubber bandage around the head, and the swelling subsided with unusual rapidity.

VII.-VIII. Acute and severe sprains of ankle. Applied rubber bandage, and a plaster splint outside. Both cases did remarkably well. In milder cases the bandage alone might be enough.

Santa Barbara. — DR. MASON, of Brighton, who has spent three winters in Southern California, read a paper upon Santa Barbara as a health resort. After some general observations upon other parts of California, he proceeded to speak especially of Santa Barbara. This place, through its reputation as a health resort, has grown from an adobe village to a large and well-built place. Being upon the coast and protected by the coast-range of mountains, Santa Barbara is warmer in winter and cooler in summer than the interior. The beach is excellent, and the temperature of the sea-water ranges from 60° F. in December and January to 66° F. in September.

The rainy season, so called, is that part of the year in which it sometimes rains in contrast to that part in which it does not rain at all. The number of rainy days in the season varies, and once in about ten years there is a year with scarcely a rainy day. Mr. Bradley, of Illinois, a reliable observer, has kept a careful weather record from February 1, 1876, to February 1, 1877. There were three hundred and ten pleasant days; twenty-nine cloudy days, upon over twenty of which an invalid could be in the open air; twelve showery days, on seven of which an invalid could be out for an hour at a time; ten windy and five rainy days. The average difference of temperature between January and July is 15° F. In five years there was an average of 10.5 days when the mercury was below 45° F., and 8.6 days it was above 83° F. Humidity is 69.5 against 80 at Oakland and 83.5 at Philadelphia. From its position it is exposed to occasional fogs and violent winds. Malaria is limited to river-bottoms and swamps, a small area. Santa Barbara itself is almost entirely exempt. The higher part of the city, frequented by invalids, is dry and healthy. If an inland situation becomes desirable, half a day's ride brings one to a sheltered valley at higher elevation. The invalid should choose a sunny exposure, for there seems to be a stronger contrast between light and shade and day and night than in our climate.

Santa Barbara offers, in short, a nearly perfect climate, with excellent hotels and boarding-houses, cultivated society, very good public and private schools, delightful scenery, facilities for riding and driving, and all at a moderate cost. It is a place for mental and physical rest. The days are adapted for out-of-door recreation and the nights for sleep. Nutrition improves rapidly if organic disease has not advanced too far. This applies especially to pulmonary disease. Croup and cholera infantum are hardly known.

Admission of Women. — A committee was appointed at the annual meeting to solicit the opinions of the members of the state society upon the question of the examination of women. DR. B. F. D. ADAMS reported for the committee that about sixty per cent. had replied. Of these, fifty-eight per cent.

are in favor of admitting successful candidates to full fellowship; thirteen per cent. are in favor of giving a certificate of satisfactory examination; twenty-nine per cent. are opposed to any examination, — that is, seventy-one per cent. are in favor of admitting to some form of examination. The proportions vary somewhat in different sections, — from sixty-three, sixty-four, and sixty-six in the several eastern districts to eighty and eighty-one per cent. in Middlesex and Worcester. The western districts agree nearly with the general average. No decisive action was asked at the councilor's meeting, on account of the pressure of other business. It was thought better to let the subject rest pending the decision of the question of the admission of women to the medical school.

A FEW REMARKS ON ANIMAL TEMPERATURE.

A REPORT FROM THE SUFFOLK DISTRICT TO THE MASSACHUSETTS MEDICAL SOCIETY FOR THE YEAR 1879.

BY FREDERICK C. SHATTUCK, M. D., REPORTER.

SINCE 1851, when Wunderlich, inspired by Traube, began to make systematic observations with the thermometer in disease, less than thirty years have elapsed; and yet so rapid is the interchange of thought in these modern days it can safely be said that there is no single instrument of precision designed to aid our imperfect senses which is to-day so indispensable to the physician as the clinical thermometer. The labor which has been expended on the field is immense, as is the return which has been obtained in the shape of increased accuracy in diagnosis, prognosis, and treatment. Wunderlich spent sixteen long years in collecting careful observations before he ventured to publish his well-known work on medical thermometry, and many of his conclusions will, no doubt, stand the test of time. Yet so wonderfully complex are all biological problems that we must always be prepared to find what we have, perhaps for years, regarded as the goal itself turn out to be but a milestone on the road to truth. Let me illustrate my meaning by bringing forward two points in human thermometry which we regarded as nearly fixed, but which recent observation and experiment show must be moved much further apart than was thought possible. I refer to the minimum and maximum animal temperature which, in mammals, is consistent with the continuance of life.

In the Sydenham Society's translation of Wunderlich (1871), temperatures below 92.3° Fahr. are said to indicate "deep, fatal algid collapse."¹ In the third edition of Dalton's Physiology² (1864), it is stated that "mammals die if their blood be cooled down below 94° or 95° Fahr." In the sixth edition of the same work³ (1875), the thermometer falls thirty degrees, and we learn that "mammals become insensible and soon die when cooled down to 64° to 68° Fahr." In 1870 and 1871 Horvath⁴ published the result of his experiments on rabbits and young dogs, which he cooled down by snow, while thermometric observations were taken in the rectum. He succeeded in cooling the dogs down to 40° Fahr., and subsequently restoring them perfectly,

¹ Page 7. ² Page 254. ³ Page 312.

⁴ Centralblatt der med. Wiss., 1870, page 415.

as far as could be seen, by the application of warm water. In 1869 Lortet¹ made two ascensions of Mont Blanc, taking careful thermometric observations under the tongue. He found that his temperature during rest varied only a few tenths of a degree at any altitude, but that during exercises, and especially when some time had elapsed since taking food, his temperature decreased progressively as his altitude above the sea increased. On arrival at the summit the thermometer registered 89.6° and 89.24°, but after half an hour's rest it rose again to upwards of 97°. Marcet² also made observations on himself in ascending Swiss mountains, and arrived at the same general conclusions as Lortet, the accuracy of whose observations cannot be doubted, though they do not agree with those of many others who made similar experiments. Of these latter I will select Clifford Allbutt³ who found that altitude had no effect, and exercise an elevating rather than depressing effect on his temperature, with only one or two exceptions. His observations covered a number of days, and though the weather did not permit him to reach the summit of Mont Blanc (15,780 feet), he once attained 12,000 feet, and 9000 feet a number of times. Carpenter thinks that the different results of Lortet and Allbutt are due to the different physiques of the observers, and if this view be correct it affords a new and striking example of the large allowance which must oftentimes be made for individual peculiarity, whether in health or disease. In 1874 I saw in Berlin⁴ a man in Traube's ward, brought into hospital insensible after prolonged exposure to a temperature of about 32° Fahr. and the ingestion of an enormous quantity of alcoholic drink. His temperature on admission was 76°, but he recovered within a few days, and this is the lowest human temperature, with subsequent recovery, with which I am acquainted. In asthma and morbus cæruleus a temperature as low as 78° has been noted.

A few words now as to maximum temperatures. Wunderlich⁵ tells us that temperatures above 107.6° "indicate in all probability a fatal termination in every known disease except relapsing fever." In Dalton's⁶ sixth edition (1875), we read "Mammals die when the blood is heated up to 45° (113° Fahr.), precisely the normal temperature of birds." In that same year the medical world was startled by a case of injury to the spine, reported by Mr. J. W. Teale,⁷ in which, during a period of seven weeks, the recorded temperature never once fell below 108°, during one week ranged between 114° and 118°, on one day reached the extraordinary height of 122°, and yet recovery took place. I am aware that this case has not obtained universal credence, but in view of the high character and thorough competence of the observers, the pains which were taken to eliminate sources of error, and the publication since then of a number of cases of recovery after temperatures which widely overstepped what, until within a very few years, was believed to be the "dead line," I do not hesitate to avow that the probabilities are, in my opinion, very strongly in favor of the accuracy of Mr. Teale's observations. The *a priori* arguments against it are obvious, but we in this neighborhood have had at

¹ Wunderlich, o. c., page 445, translator's note.

² Lancet, January 1, 1870.

³ Journ. Anat. and Physiol., 1873, vol. vii, page 227.

⁴ Boston Med. and Surg. Journ., 1875, i. 273.

⁵ Page 7. ⁶ Page 312. ⁷ Lancet, March 6, 1875.

least two striking examples of the fallibility of *a priori* reasoning in the triumph of anaesthesia, and the years which Phineas Gage lived after a crowbar had traversed his brain.

Cases are also reported of recovery in sunstroke after recorded temperature of 109.2° ¹ and 113° ² in cerebral rheumatism, 110° ³ in convalescence after measles, 107° ⁴ in the commencement of typhoid, 108.2° ⁵ in convalescence after typhoid, two cases, 111° ⁶ and two cases in which no precise diagnosis could be made, 108° ⁷ and 115.8° ⁸ and my search of the literature of the last few years has been far from exhaustive.

There is one other point brought up by the consideration of some of these cases which is of fresh interest, and of which we shall, I suspect, hear more. In four⁹ of them the high temperatures were often very evanescent, the thermometer falling from a very high to nearly the normal point within half an hour, or even less. All four cases were women, and more or less hysterical, — so, indeed, was Teale's case, — putting us on our guard against deception. It is not my intention here to enter into a discussion as to whether deception was practiced or not. The point is ably discussed by Dr. Donkin, whose article is readily accessible; and I will simply state that the internal evidence and his reasoning convince me that the readings were not due to deception, and experiments on myself lead me to agree with him in disputing the statement of Sellaerbeck,¹⁰ that it is easy to raise the mercury to 108° in three minutes by rapidly rotating the bulb between the bare skin of the arm and the thorax. I will also take this opportunity of putting on record a case of high evanescent temperature which has occurred in my own practice. A year ago I had under my charge a boy twelve years old with typhoid fever, in whom occasional flushes of heat were noted by the attendant, a man of far more than common trustworthiness. The flushes never occurred at the time of my visits, and my attention had not then been specially called to these transitory hyperpyrexias. The eleventh day after the boy took to his bed I recorded, myself, the morning and evening (ten P. M.) temperature as 103° and 102.2° , but about four o'clock in the afternoon the attendant noticed that the patient was in one of these flushes, and, taking the temperature, found it to be 109.6° . Thinking that he must have made a mistake, he tried again, but obtained the same result. He is quite sure that the flush did not last above half an hour, but the thermometer was unfortunately not used again till my visit in the evening. After this I had the temperature taken every two hours, but the flushes did not seem to recur, though three days later 107.24° was recorded at eight P. M., and two hours later 100.76° . The boy died

¹ Abbot, Boston Med. and Surg. Journ., July 11, 1878. Mason, ib., March 20, 1879.

² Parkes, Chicago Med. Journ. and Exam., 1878, ii., page 391.

³ Da Costa, Am. Journ., January, 1875.

⁴ Iliffe, Lancet, November 23, 1878.

⁵ Kartulis, Lancet, April 26, 1879.

⁶ Donkin and Cheadle, Lancet, March 15 and 22, 1879.

⁷ Smith, quoted by Donkin, l. c.

⁸ Ormerod, Lancet, November 9, 1878. Also quoted by Donkin, l. c.

⁹ Donkin, Ormerod, Iliffe and Smith.

¹⁰ London Med. Record, April, 1878.

at the end of the third week; the autopsy confirmed the diagnosis of typhoid, and I have no doubt whatever that the observations were correct. The boy was too dull and typhoidal to allow me to entertain the idea of any deception on his part.

Briefly stating conclusions, I have endeavored to show, (1) that the range of animal temperature which is not incompatible with human life is much larger than has, until very lately, been supposed, extending in all probability at least from 76° to 122°, or forty-six degrees; and (2) that very remarkable and sudden oscillations of temperature, covering many degrees, sometimes occur, which cannot at present be satisfactorily explained.

GARNIER'S ANNUAL DICTIONARY.¹

As in previous years, this volume for 1878 is a welcome visitor. In his introduction the author states that, faithful to its title, it is unique in offering in one compact volume of moderate price a succinct and precise analysis of progress already made or nearly accomplished, and in setting aside such speculations as can be verified only in a distant future.

It is to be regretted that in a work so valuable in many respects his national antipathy to the Germans should lead the author to detract from the merit of their investigations and discoveries in medical science.

The dictionary refers with considerable detail to the discussion and legislation in the different states of Europe and in this country regarding medical education. Notwithstanding the long discussions on hygiene, legal medicine, and the other branches of the art of healing which were held in Paris on the occasion of the exposition, and elsewhere, there have been no great discoveries or innovations to mark the year. Under the head of Progress in the Means of Diagnosis, mention is made of the employment of the thermometer on the walls of the thorax to determine the existence of inflammatory processes in the underlying portions of the lungs or pleuræ.

The employment to a large extent of hypodermic injections of medicines in therapeutics is advocated, and the statement is made that we ought not to reject a drug because it has failed under one form of administration; we ought to try the different ways of absorption before casting it aside.

Some brilliant advances have been made in surgery during the past year. Especial reference is made to what has been accomplished in this country by Dr. Bigelow in lithotomy at a single séance, by New York surgeons in the treatment of diseases of the urinary organs, and by Dr. Sayre in the treatment of diseases of the spine.

In referring to experiments upon animals, conducted by M. Raynaud, in which immunity from vaccine and variolous disease was secured without the formation of a pustule, mention is made of the demonstration of the same point by Dr. Cotting in 1872.

The dictionary also quotes largely from articles which have appeared in the

¹ *Dictionnaire annuel des Progrès des Sciences et Institutions médicales.* Par M. P. GARNIER.

JOURNAL from well-known physicians. Among them may be mentioned that of Dr. Curtis on Hydrophobia; of Dr. Chadwick on Rupture of an Abdominal Cyst by Palpation; and of Dr. Hosmer on a Peculiar Condition of the Cervix Uteri, which is found in some Cases of Dystocia.

THE VALUE OF SOCIETY WORK.

WE have endeavored to furnish to our readers this spring full accounts of the annual meetings. Without doubt the societies have every reason to be encouraged with the progress made in the character of the work, and the increased interest manifested by the profession, but it is difficult to avoid the conviction that a great deal of energy is expended in producing small results, and that the time of the meetings and the space of the report is frequently occupied by the reading and publishing material of benefit to but few beside the authors. Our journals were never so crowded with society reports as at the present time, yet the tendency of the general reader to skip this part of the number is, we should judge, upon the increase. One of the most obvious defects is the absence of that feature which gives their peculiar value to the proceedings of a society, — the discussions, by means of which the opinions of a number of individuals on a given subject are collected in a convenient and instructive form. A large amount of time may be consumed in the reading of an elaborate paper on a subject with which few members are familiar, and none have had an opportunity to interest themselves in beforehand, and the reader may congratulate himself if a few intelligent questions are asked by a considerate friend to save his paper from being totally ignored. The examination of a specimen or a chat with professional friends is all the "science" a zealous member finds to repay him for the sacrifice of his time or his evening of hard-earned rest. The work is usually of a desultory character. A good paper may be passed by in silence, while trivial matters, particularly certain popular subjects, painfully familiar to society-goers, possess the charm of perennial freshness to certain individuals, and are always sure to excite a lively discussion.

The evidences of literary training, practice in the art of recording, bedside observations, or skill in debate are, in Boston, at least, certainly rare. The reports of New York societies, as well as those of Philadelphia, present a favorable contrast. The results obtained by them show the traces of careful supervision from some presiding or directing officer. A subject is chosen for, or offered by, an able expert; the *dramatis personæ* of the discussion to follow are selected and their parts assigned to them beforehand. The result is an interesting meeting, a large attendance, and a valuable lesson in the art of clinical study, which the rank and file are enabled to profit by. A habit is soon acquired of conducting the meetings upon this plan, which makes them valuable instruments of instruction. The system is carried still further in England, where special subjects are assigned to a committee for investigation and experiment, the report being the basis of an elaborate discussion. It is by some such devices that medical societies can be raised to a condition of

usefulness, or be prevented from degenerating into mere social gatherings for professional gossip.

The specialists, as a rule, have set the general practitioners a good example. Foremost among these we should place the American Gynæcological Society, which, however, has the great advantage of claiming as members men who lead the world in their own branch. We fear the day is far distant when we shall see surgeons or general practitioners of eminence evincing the same amount of public spirit which has justly placed this department at the head of American medicine.

Without venturing to criticise the work of other cities, we can safely affirm that the time has come for a thorough reform of the methods of conducting our Boston societies. There are one or two which might easily be disbanded, or devoted to a specialty, as pathology; the Obstetrical Society could with advantage open its doors to the medical public, whose presence as guests might stimulate the members to disgorge their hidden treasures; it might be advantageous for the meetings of adjacent counties to be held in common. The all-important element of success is the existence of an active autocratic and organizing head who shall stimulate the lazy, keep down the irrepressible, and make all members feel that membership carries with it a responsibility from which they cannot escape.

MEDICAL NOTES.

— Dr. Tilbury Fox, the distinguished dermatologist, died suddenly from disease of the heart, while making a brief visit to Paris.

PHILADELPHIA.

— A case of much medico-legal interest occurred recently in this city. A man named Parr, about sixty years of age, had been convicted of murdering his daughter by stabbing her with a knife. During the trial he had been in excellent health, but while standing up to receive his sentence he showed some nervousness; finally he sank heavily back in his chair, and tried to rise again but could not stand up. The by-standers noticed some spasmodic twitchings of the face, the arms were thrown up several times, and it was at once concluded that the criminal had taken strychnia, with the intention of escaping the gallows, as he had often threatened to do. Active treatment was instituted, although there were no severe tetanic spasms present. Seventeen hours later the patient died of asthenia. He had marked albuminuria, with fatty and granular casts in the urine, and at the post-mortem examination advanced cirrhotic disease of the kidneys was found, leading to the idea that the man had really died of fright and uræmic poisoning. The contents of the stomach were analyzed by a chemist, who found something that gave a color test, but no free strychnia.

During the trial, the ingenious theory was offered by the defense that the man was not responsible for his actions, because when he was young he had sustained a fracture of the skull, which had changed his disposition and made him irritable. Surgeons were brought on both sides of the case: some testified that there was evidence of an old fracture (but withheld their opinion as

to its bearing upon the murder, as so many years had passed without symptoms of brain disorder or meningitis); the others also found the irregularity in the skull, but denied that it was caused by a fracture, as a corresponding depression existed on the other side of the head. Strangely enough, after death, the examination of the calvaria failed to settle the question, and both parties claimed that their views were confirmed. The reputed fracture was said to have occurred nearly half a century before, so that time may have restored the relations of the tables of the skull, but it is certain that upon sawing through the depression the diploë was perfect, and gave no evidence of abnormality. The dura mater beneath was healthy. The coroner's verdict has not yet been rendered as to the immediate cause of death.

—In a discussion which recently took place at the Philadelphia County Medical Society upon kolpo-cystotomy, and the relative merits of the two prevailing postures of the patient for gynecological operations, but with especial reference to operations on the anterior wall of the vagina, Dr. H. Lenox Hodge said that if any one would practically test the relative merits of the "knee-elbow" position and the "breech-back" position of the Germans, he must soon become convinced of the superior merits of the latter. It is not simply a position on the back, but the breech is so elevated by strongly flexing the thighs that it rises above the abdomen, and the vulva is directed upward toward the ceiling. The pressure of the viscera brings the vaginal surface of the urethra to the orifice of the vagina, and it can be operated upon almost as easily as if it were on the exterior of the body. In the knee-elbow position the distention of the vagina with air draws the parts away from the operator into the interior of the body. This renders the employment of the knife more difficult and the use of the cautery more dangerous. Dr. Wilson, of Baltimore, in using the cautery in the knee-elbow position for cancer of the uterus, found it necessary to employ a hollow cylinder of wood to protect the surrounding parts. The breech-back position of Professor Simon has all the advantages of the knee-elbow position of Dr. Sims, without its disadvantages. As regards the knife and the thermo-cautery, each is best adapted to different conditions. When it is desirable to have the wound quickly closed, use the knife. When it is necessary to keep it open for a long time, use the cautery. The sloughing caused by the cautery tends to keep the wound open. It is a great advantage, when possible, to do without any foreign body in the wound. In cases of cystitis, the presence of even the beautiful instruments of Dr. Smith must cause additional irritation. Metallic catheters have some advantages over the flexible, but after operations and in bad cases of irritable bladder the soft catheter is more easily borne and causes less irritation. In the male this has been strongly insisted upon by Sir Henry Thompson. The laying open of the whole urethra is not recommended as an ordinary practice in kolpo-cystotomy. It was done exceptionally only, in one case.

CHARLESTON, SOUTH CAROLINA.

—Our correspondent writes under date of June 27th: Though sanitary matters more particularly engross the professional mind at the approach of summer, yet other interests can harass us sometimes. The "doctors" are

wonderfully provoked, especially the younger members of the fraternity, at this "licensing physicians," which so-called "law" the city council of Charleston, ignoring the decision of some of the other States on this subject, seems determined to enforce. Several meetings have been held, not to resist the law, but to protest against the legality of the tax. It may interest your literary readers to learn that when it came to the knowledge of the poet Hayne — now in this city — that the medical profession were actually assembled to advise together how they might assist each other, embarrassed by the non-payment of the license tax, the impression made upon his mind found spontaneous expression as follows:—

"License! for what? to stop the turbid flow
Of human anguish and of mental woe?
With stress of time and troubles, cure and art,
To heal the throbbing brain, the broken heart.
What! shall we, armed by slow and stern degrees
To baffle all the shapes of fell disease,
Be made the foot-balls of malignant hate
To fill the hungry coffers of the State,
Because the State permits our ardent zeal,
And condescends to say, 'Go forth and heal'?
Tax next the bounty of God's liberal air
That fans the cheek of sickness and despair;
Levy black-mail where'er the couriers run
Of vital light winged from the central sun,
And let all free beneficence be driven
From ingrate earth to seek its native heaven!"

The health of the city is remarkable; last week there was not *one* death from fever of any kind. The thermometer indicates the coolest range we have ever known at this season. The thermal birth-point of our troublesome mosquito (*Culex pipiens*, as the entomologists call it) has been so notably interfered with, that we have actually slept without mosquito nets until a few nights ago. This circumstance might well modify the prognostications respecting yellow fever of those who attribute the disease to local causes, conditions of heat and moisture, organic decay, and germs. If the supposed germs of disease were only tangible microscopical entities, the advent of these tormenting little mosquitoes might suggest curious experiments, if, as helminthologists affirm, they suck up the "*filaria sanguinis hominis*" when feeding on hæmatozoal patients. We shall write you soon concerning the sanitary condition of our city by the sea.

ST. LOUIS.

—The warm weather has increased the death-rate in St. Louis very materially, especially among the children. Last summer the first cases of sunstroke here occurred on the 13th of June; this year the first two occurred on the 14th of the same month. Fortunately since that time the temperature has been too low for a repetition of last year's scourge.

—The dispatches up to the 20th of June, from Memphis, Vicksburg, Jackson, Miss., Grenada, Holly Springs, and a number of other places visited by yellow fever last year, report that the health outlook has never been more favorable; that in no instance has there been any evidence of the return of yellow

fever; and that quarantine regulations have been established, ready to be enforced should any exigency arise.

— Dr. James M. Youngblood, for a number of years a well-known physician in St. Louis, died on the 24th of June, in the forty-fifth year of his age, from the effects of a hepatic abscess.

— The politics of our city, as far as they refer to our health department, have been settled, and result in no important changes; Chas. W. Francis, the health commissioner, Dr. D. V. Dean, in charge of the City Hospital, Dr. P. V. Schenck, in charge of the Female Hospital, and Dr. N. De V. Howard, in charge of the Insane Asylum, all being reappointed.

— The convention of medical colleges made a very strange mistake, showing ignorance upon a subject in regard to which it should have been informed, in recommending the St. Louis Medical College to increase its tuition to seventy-five dollars. Its tuition is one hundred and five dollars, and has been so as long as we have known anything about the college.

THE MEDICAL EDUCATION OF WOMEN.

MR. EDITOR, — An abstract from a letter recently received from a medical student at Zurich seems to indicate that, possibly, there may be some mistake about the remark in your editorial on admission of women to Harvard (June 5th), namely, that Zurich was about to give up her plan of educating women in medicine. If you are willing, I wish you would publish the extract, for it certainly indicates that one woman, at least, has gained the respect and confidence of her teachers:—

“Our cause gains friends every year, and perhaps nowhere is it more noticeable than here. Even Hermann, our professor of physiology, has a woman for his assistant this term. She is a Swiss, and had worked with him as student, so he knew what he was doing when he took her as assistant. And Professor Rose, the surgeon, has had a woman for his assistant for two years. I think I have not written to you since I accepted this position with him. I like the place very much, but have to work very hard to keep up with my work. [Here follows a description of the various surgical operations at which she has assisted, which includes nearly every operation ordinarily performed.] Professor Rose treats me splendidly. I could not ask any more from him or from the other doctors, so you may imagine I am happy and contented.”

Permit me also to make a few suggestions on the topic. It was with regret that I read your leader of last week. It has been evident to me for many years that, whether we male physicians liked it or not, women would enter the profession, as they have been rising into many other places of emolument and trust during the past quarter of a century. It has seemed to me absurd to try to keep our profession free from them, and the only questions with me have been by whom and in what manner they should be educated. I have always held that it is better for both sexes to have separate instruction, certainly in some departments. When I was professor I took the ground that upon some subjects the truth could be freely spoken to either sex *alone*, whereas a portion of truth might and probably would be lost to *both* parties if they were

joint listeners. I have therefore always opposed coeducation in medicine, however much it might be possible and profitable in other departments of learning.

The next question, namely, By whom should such instruction be given? I decided very speedily. I have too much respect for our venerable *alma mater* to admit for an instant that any institution but Harvard should give that instruction to Massachusetts women. Harvard stands first in Massachusetts, at least, and I mentally and most stoutly denied that it was morally right for her to send away any of her children to seek instruction elsewhere when she could give the best herself. I regretted that the university did not seize the opportunity which was offered when the Woman's Medical School, established by Mr. Gregory, was given up. By that failure the building and the school fell into the hands of others. I understand that many women are being imperfectly educated, and sent out into the community, which fact might have been prevented had the friends of female medical education and Harvard College then been able cordially to coöperate. Doubtless many of the professors of the Harvard school could have lectured at the new building, but, if necessary, others and adjunct professors could have been appointed to undertake the new task for the few who would have been unable to do so. Female medical education would thus have been established on an excellent foundation.

But what course should be pursued now by Harvard? I think she should offer to teach women in medicine, as she has begun to educate them in the collegiate departments. I believe that in consequence of the reputation that the medical school now has, and of its great advances towards a higher education in medicine, many women in this whole country who now feel forced to go to Europe for a medical education would flock to the new school, and that, within a few years, *large pecuniary results* would arise, as they have already arisen under the "new departure" taken for men. That so-called "new departure" is, I think, no longer on trial, but in full tide of successful work. Hence the argument used by the opponents of all medical education for females by Harvard at the present time, namely, "that the new course is still on trial, and must not be interfered with by any extraneous circumstances," falls to the ground.

In conclusion, let me make a prophecy. Having watched the "entering of the wedge," which began at least twenty years ago in the Massachusetts Medical Society, I feel assured that in a much shorter period Harvard will graduate women in medicine, with the *cheerful submission* of some, and the hearty "God speed" of all reasonable and reasoning men and women.

Yours truly,

HENRY I. BOWDITCH.

113 BOYLSTON STREET, June 17, 1879.

[Our objections were directed against the coeducation of the sexes, not against the medical education of women, as Dr. Bowditch implies. There is a dissatisfaction with medical colleges for women among the patrons of female doctors which does not correspond with the accounts we receive of those institutions. One would think that women would take a pride in conquering failure without the aid of the other sex. By such a course they would gain the respect and sympathy of all. The experiment in medical education at Harvard is far from completed. A fourth-year course has not yet been added;

the examination for admission is still in a provisional stage; the new building, with many modifications in instruction which it would bring with it, is yet to be built. Harvard is still far behind the average European school, and cannot afford to give her attention to outside issues until she has completed her great task.

We find nothing in the letter from Zurich which contradicts the statement we borrowed from a German paper. We should be glad to see a history of the coeducation experiment prepared by the faculty of that university. — ED.]

LETTER FROM CHICAGO.

MR. EDITOR, — Mayor Harrison, it is generally conceded, is not going to disturb Health Commissioner DeWolf, who was appointed by ex-Mayor Heath in 1877. When the work of the health department during the preceding administration is considered, the wisdom of this policy becomes apparent. Perhaps in no department of the city government was the improvement in the condition of things so marked, during the last administration, as in this one of the health department. The expenses were reduced; the city was cleaned up and brought into a much more hygienic condition than had been the case for years before; a monstrous stink-hole known as Healy Slough, that had been a pest for years, was filled up with earth, and made ground for building lots; and, best of all, the foul odors that formerly nauseated the whole town whenever the wind was in the southwest, and emanating from the rendering and fertilizer establishments, if not entirely suppressed, were reduced to a minimum. The result last mentioned was attained through a constant legal, police, and almost personal warfare, kept up for many months on the part of the commissioner and mayor.

A conscientious effort seems to have been made to carry out the rule requiring a red card bearing the words "Scarlet Fever Here" to be posted on every house wherein this disease is discovered. The effort has been attended with only partial success, however. Many physicians, there is good reason to think, evade the law; they find it so difficult to arrive at a correct diagnosis in cases of scarlet fever that often they are not sure of a case till it has recovered or died. And no one can tell how often the deaths in such cases are reported to be due to diphtheritic sore throat, to nephritis, or some other disease than the real one. The system of placarding was resorted to in the belief that it would hinder the spread of the disease. The profession is divided as to whether this result is accomplished in any degree. With the experience of the past three years it can hardly be doubted that the inauguration of the system was a misfortune to the health department, at least.

The latest move in the right direction — a measure, too, of the previous administration — is the ventilation of the sewers by the covering of the man-holes in the streets with perforated iron covers. All the paved streets are to be thus treated, and the work is now well under way. This measure must be a great blessing to the people. It will take a concentration of sewer gas out of thousands of dwellings, in which, heretofore, for the want of ventilation of

the house, sewers upon the roof, or otherwise, this dangerous annoyance has existed; now even criminal neglect in construction of house sewerage is made powerless for evil. Notwithstanding all its advantages some sensible people are bewailing the pollution of the atmosphere of the street by the ventilators, and picture (as one has in the daily prints) the deplorable consequences to the people who take such atmosphere through windows into their houses to breathe.

Professor Byford has recently received an official invitation to attend the forthcoming annual meeting of the British Medical Association, and to deliver an address before that body. The association meets in the early part of August at Cork. Professor Byford will accept the invitation.

An effort is being made in the board of commissioners to legislate the present medical board of the County Hospital out of existence, and put the institution in charge of a paid superintendent with a consulting staff of physicians. It is unlikely that it will succeed.

SHORT COMMUNICATIONS.

THE TREATMENT OF COLOR-BLINDNESS BY THE USE OF A SOLUTION OF FUCHSINE.

BY PETER D. KEYSER, PHILADELPHIA,

Surgeon to Wills Eye Hospital, etc.

SINCE writing the report on color-blindness read before the Pennsylvania State Medical Society, I have had the good fortune to test the suggestion of Javal for the cure of this defect by the use of a solution of fuchsine between thin plates of glass, and although skeptical upon the idea I found that great improvement took place in its use in this following case:—

Charles S., aged forty-five, German, came to me May 14, 1879, saying that, although a dyer by trade, and in business since boyhood (his father having a dye-house in Germany), he was color-blind, and had been so as long as he could remember. He made his dyes according to the receipts furnished him, and until they looked like the sample to him, but at the same time he could not distinguish purple from blue. Reds on green or blue he could not see; that is to say, he could not distinguish red tinges in any shade in which green or blue were combined. A gray-brown looked the same as green to him, a lead was pink, a deep blue was purple; a clear brown and an olive green were one color in his eyes. He could not see a red tinge in a mixture with yellow. Browns all had a green shade. On several different occasions I have tested him by day and by night with an aqueous solution of fuchsine (gr. i. to f3i.), contained between two thin glass plates which are held before the eyes, and I found that it invariably corrects the defects; the colors become clearer. All blues become bluer. Browns are correct. He sees the red tinges in the shades, which he could not see before, but knew they were there from the mixture used in making the dyes. Purples and blues are distinct, the red on the purple becoming clearly defined. The difference between the brown and the olive is distinctly seen. When red is on yellow the red is brought out. Greens are more positive. Without the fuchsine all browns have a greenish cast; with the fuchsine the red comes out and the green fades away, showing clear brown. When there is no red in the color the fuchsine does not cause such a shade over all the colors as it does to the normal eye.

This is a very clear and interesting case, as the man is a bright, intelligent person, prompt in observation, and naturally interested in his situation, as it has prevented him from holding most excellent places in dye-houses. The cause of this action of fuchsine has as yet not been explained, but no doubt it arises from the power of polarization in separating and absorbing certain chemical rays of the spectrum.

REPORTED MORTALITY FOR THE WEEK ENDING JUNE 28 1879.

Cities.	Popula- tion estimated for July, 1879.	Reported Deaths in each.	Annual Death-Rate per 1000 during the Week.	Percentage of total Deaths from					
				The Princi- pal Zymot- ic Diseases.	Diarrhoeal Diseases.	Diphtheria and Croup.	Scarlet Fe- ver.	Pneumo- nia.	
New York.....	1,085,000	562	27.08	35.94	20.28	3.56	4.98	4.45	
Philadelphia.....	—	—	—	—	—	—	—	—	
Brooklyn.....	564,400	229	21.16	30.18	19.21	4.80	8.49	5.67	
Chicago.....	—	185	—	36.76	27.03	4.32	2.16	2.16	
St. Louis.....	—	162	—	36.42	29.01	1.28	—	—	
Baltimore.....	365,000	285	33.57	40.00	31.91	1.70	3.83	2.55	
Boston.....	380,000	117	16.94	17.95	5.98	9.40	—	8.55	
Cincinnati.....	280,000	135	23.28	40.00	26.40	—	11.20	1.60	
New Orleans.....	210,000	116	28.72	21.55	12.92	1.90	—	2.58	
District of Columbia.....	160,000	103	33.57	38.83	33.98	—	.97	—	
Cleveland.....	—	—	—	—	—	—	—	—	
Pittsburgh.....	—	71	—	45.07	32.89	7.04	4.22	2.82	
Buffalo.....	—	—	—	—	—	—	—	—	
Milwaukee.....	—	42	—	21.43	4.76	16.67	—	2.38	
Providence.....	101,000	—	—	—	—	—	—	—	
New Haven.....	60,000	—	—	—	—	—	—	—	
Charleston.....	57,000	22	20.13	9.09	9.09	—	—	—	
Nashville.....	27,000	13	26.08	30.77	30.77	—	—	—	
Lowell.....	58,800	18	17.60	27.78	6.65	11.11	5.56	—	
Worcester.....	52,500	10	9.93	10.00	10.00	—	—	—	
Cambridge.....	61,400	12	12.17	16.67	8.33	8.33	—	—	
Fall River.....	48,500	19	20.43	42.11	6.36	5.26	15.79	—	
Lynn.....	38,300	12	16.88	33.33	25.00	8.33	—	8.33	
Lawrence.....	34,000	13	19.94	23.08	—	23.08	—	—	
Springfield.....	31,500	6	9.83	—	—	—	—	—	
New Bedford.....	27,000	5	9.65	—	—	—	—	—	
Salem.....	26,400	8	15.80	12.50	—	—	—	—	
Somerville.....	23,350	9	20.10	22.22	—	11.11	11.11	11.11	
Chelsea.....	20,800	3	7.52	—	—	—	—	—	
Taunton.....	20,200	3	7.74	—	—	—	—	—	
Holyoke.....	18,200	8	22.92	37.50	12.50	—	12.50	—	
Gloucester.....	17,100	4	12.20	25.00	—	—	25.00	—	
Newton.....	17,100	—	—	—	—	—	—	—	
Haverhill.....	15,300	3	10.22	64.67	—	66.67	—	—	
Newburyport.....	13,500	8	30.90	25.00	—	—	—	—	
Fitchburg.....	12,500	3	12.51	33.33	—	—	33.33	33.33	

Two thousand one hundred and twenty-six deaths were reported: 710 from the principal "zymotic" diseases, 460 from diarrhoeal diseases, 220 from consumption, 81 from diphtheria and croup, 75 from scarlet fever, 69 from pneumonia, 34 from bronchitis, 24 from whooping-cough, 18 from malarial fevers, 14 from measles, 14 from erysipelas, 13 from cerebro-spinal meningitis, 12 from typhoid fever, three from pleurisy, two from trismus nascentium, and one from small-pox. From *bronchitis*, 13 deaths were reported in New York, four in Brooklyn and Chicago, three in St. Louis, two in Boston, and one in Cincinnati, New Orleans, Pittsburgh, Milwaukee, Lowell, Worcester, Cambridge, and Taunton. From *whooping-cough*, 24 in New York, three in Brooklyn, two in St. Louis, Baltimore, and Boston, and one in Cincinnati. From *malarial fevers*, nine in New York, four in St. Louis, three in New Orleans, and two in Baltimore. From *measles*, six in New York, three in Baltimore, two in Brooklyn and St. Louis, and one in Pittsburgh. From *erysipelas*, six in New York, three in Chicago, one in Brooklyn, St. Louis, District of Columbia, Salem, and Newburyport. From *typhoid fever*, three in District of Columbia, two in New Orleans, one in Chicago, St. Louis, Cincinnati, Lowell, Fall River, Holyoke, and Newburyport. From *trismus nascentium*, one in District of Columbia and one in Charleston. From *small-pox*, one in New York. One death from sunstroke was reported in District of Columbia, where the death-rate for whites was 26.49, colored 47.18.

Allowing for cities not reported, the total mortality is considerably greater than for the previous week; pulmonary diseases remain about the same; the striking and rapid increase in diarrhoeal diseases continues, the reported deaths for the past six weeks being respectively 39, 58, 110, 175, 267, 460. There is no noteworthy change in the other diseases. In eighteen of the nineteen cities of Massachusetts, with an estimated population of 863,750, there

is no noteworthy change for the week, except the great increase in deaths from diarrhoeal diseases.

The weather was generally reported as warm and steady, fine and clear; in Brooklyn there was a rapid rise in temperature at the close of the week, with marked increase of infant mortality. The meteorological record for the week in Boston was as follows:—

Date.	Barom-eter.	Thermom-eter.				Relative Humidity.				Direction of Wind.			Velocity of Wind.			State of Weather. ¹			Rainfall.	
	Mean.	Mean.	Maximum.	Minimum.	7 A. M.	2 P. M.	9 P. M.	Mean.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	Duration.	Amount in Inches.	
June 22	30.026	69	80	57	67	46	74	62	SW	W	SW	16	15	10	C	F	C	—	—	
" 23	29.997	76	86	60	79	33	54	65	W	SW	W	11	12	1	C	F	C	—	—	
" 24	30.194	71	76	67	55	66	73	65	N	SE	S	4	8	9	F	F	C	—	—	
" 25	30.188	69	81	62	89	75	95	86	SW	NE	S	5	14	8	F	F	C	—	—	
" 26	30.046	71	76	64	84	72	85	80	SW	SW	SW	11	18	8	F	F	C	—	.14	
" 27	29.878	79	92	66	81	44	69	65	SW	SW	SW	8	15	9	C	F	F	—	—	
" 28	29.705	78	90	69	72	50	90	71	SW	SW	W	10	20	15	F	F	R	—	.16	
Week.	30.005	78	92	57				69		SW			1663 miles.					4.	.30	

¹ O., cloudy; C., clear; F., fair; G., fog; H., hazy; S., smoky; R., rain; T., threatening.

For the week ending June 7th, in 149 German cities, with an estimated population of 7,523,192, the death-rate was 27.3, a decrease of 1.0 over the previous week, with a great increase from diarrhoeal diseases, and decrease from acute diseases of the respiratory organs. Three thousand nine hundred and forty-six deaths were reported: 613 from consumption, 431 from acute diseases of the respiratory organs, 344 from diarrhoeal diseases, 118 from diphtheria and croup, 52 from scarlet fever, 46 from typhoid fever, 44 from measles, 39 from whooping-cough, 23 from puerperal fever, five from typhus fever, one from small-pox (in Dantzic). The death-rates ranged from 13.9 in Metz to 45.3 in Königsberg; Dantzic 31.5; Breslau 34.0; Munich 44.3; Dresden 26.9; Cassel 18.4; Berlin 25.6; Leipzig 25.7; Hamburg 27.7; Hanover 19.7; Bremen 24.5; Cologne 26.4; Frankfurt-on-the-Main 23.9; Strasburg 41.7; Darmstadt 26.3. Also for the same week, Vienna 36.2; Prague 48.4; Geneva 31.4; Basle 23.8; Paris 26.

For the week ending July 14th, in the 20 English cities and towns having an estimated population of 7,383,999, the death-rate was 19.7, the same as for the previous week. There was a considerable increase in the mortality from measles, and a slight rise from diseases of the respiratory organs. Diphtheria and whooping-cough show a considerable decrease. Small-pox and the other principal zymotic diseases remain about the same. Two thousand seven hundred and eighty-one deaths were reported: 264 from diseases of the respiratory organs, 127 from measles, 91 from scarlet fever, 81 from whooping-cough, 40 from diarrhoea, 34 from fever, 16 from diphtheria, eleven from small-pox (in London). The death-rates ranged from 11.8 in Hull to 29.8 in Newcastle-on-Tyne. London 19.5; Portsmouth 15.0; Plymouth 15.4; Bristol 12.9; Birmingham 18.1; Liverpool 22.8; Manchester 24.2; Leeds 19.4. In Edinburgh the death-rate was 22; in Glasgow 19; in Dublin 41 (small-pox, 12 deaths).

Cholera has appeared in Calcutta; fevers and small-pox continue to prevail in the great cities of India; small-pox, measles, and typhoid fever in Paris; small-pox and fevers in St. Petersburg; diphtheria in the northern German cities and Vienna; fevers in Italian cities; small-pox in Prague, Budapesth; and single deaths in several of the larger cities of Europe.

THE Wisconsin State Medical Society has adopted the rule that the metric system shall be used hereafter in its printed transactions.

BOOKS AND PAMPHLETS RECEIVED. — Provisional Report of the Committee of the New York Neurological Society relative to the Subject of Insane Asylums.